

C1 7105 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)COUNTY
NUMBER 13

ST/CO USE ONLY

DATE Received

MM DD YY
8 13

DATE WELL COMPLETED

MM DD YY
03 14 08

Depth of Well

22 340 26
(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"
H0-95-1394

OWNER

STREET OR RFD

SUBDIVISION

SECTION 1

TOWN

LOT 141

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM

TO

check
if water
bearing

Top Soil	0	1	
Clay	1	5	
Sandy	5	30	✓
Sand Stone	30	35	
White MCK4	35	50	
Sand Stone	50	60	✓
White MCK4	60	340	✓

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes no
Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT C M

BENTONITE CLAY B C

NO. OF BAGS 22 NO. OF POUNDS 2200

GALLONS OF WATER 132

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 54 BOTTOM 58 ft.
(enter 0 if from surface)casing
types
insert
appropriate
code
below

CASING RECORD

S T

STEEL

C O

CONCRETE

P L

PLASTIC

O T

OTHER

MAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

60 61 63 64 66 70

E
A
C
H
C
A
S
I
N
G

OTHER CASING (if used)

diameter

inch

depth (feet)

from to

screen type
or open hole

SCREEN RECORD

S T

STEEL

B R

BRASS

BRONZE

P L

PLASTIC

H O

OPEN

HOLE

O T

OTHER

(insert
appropriate
code
below)

C 2

DEPTH (nearest ft.)

1 2 8 9 11 15 17 21

2 23 24 26 30 32 36

3 38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER
OF SCREEN (NEAREST
INCH)

58 60

from to

GRAVEL PACK

IF WELL DRILLED

WAS FLOWING WELL

INSERT F IN BOX 68

MDE USE ONLY

(NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.)

70 72

TELESCOPE

CASING

LOG

INDICATOR

74 75 76

OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 10

METHOD USED TO
MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 15 ft.

WHEN PUMPING 45 ft.

TYPE OF PUMP USED (for test)

A air

C centrifugal

J jet

S submersible

P piston

R rotary

T turbine

O other
(describe
below)

PUMP INSTALLED

DRILLER INSTALLED PUMP YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION
MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED

PLACE (A,C,J,P,R,S,T,O)

IN BOX 29.

CAPACITY:

GALLONS PER MINUTE

(to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH

(nearest ft.)

CASING HEIGHT (circle appropriate box
and enter casing height)

+ above

- below

LAND SURFACE 2 (nearest
foot)

LOCATION OF WELL ON LOT

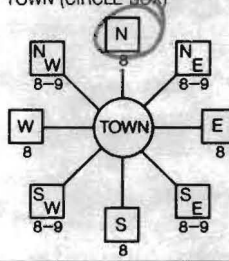

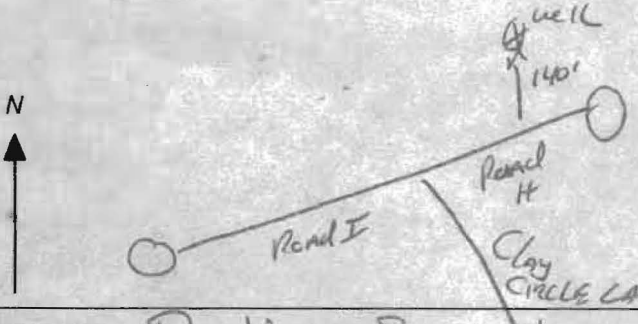
SHOW PERMANENT STRUCTURE SUCH AS
BUILDING, SEPTIC TANKS, AND /OR
LANDMARKS AND INDICATE NOT LESS
THAN TWO DISTANCES
(MEASUREMENTS TO WELL)

DRILLERS LIC. NO. M S D 112

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

SITE SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)

B 1 1 2 3 6 0561	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER HO-95-1394 70 fill in this form completely 79
Date Received (APA) 8 MM DD YY 13 OWNER INFORMATION 15 Last Name Owner First Name 34 Bassler Venture LLC 36 15950 N. AVE 55 57 LISBOW MD 21765 76 70 State 72 Zip 76		B 3 LOCATION OF WELL 8 COUNTY 21 Howard 23 SUBDIVISION 42 Walnut Creek SECTION 44 46 LOT 48 50 PHASE I 14 CLARKSVILLE 52 NEAREST TOWN 71	
DRILLER INFORMATION 76 Driller's Name 81 License No. Ralph E. Mayne M SD 117 Firm Name Ralph E Mayne Inc Address 12024 Handy Rd Mt Airy MD 21771 3-30-07 Signature Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD 30 Basslers Way ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  220 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 28 BLK: 11 PARCEL 49	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20 500		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 13 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → DATE ISSUED 41 1/14/2008 Brian Baker 1/14/2009 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH 510 0 0 0 EAST GRID 817 0 0 0 GRID 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input checked="" type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL		APPROXIMATE DEPTH OF WELL 24 28 FEET 150 APPROXIMATE DIAMETER OF WELL NEAREST INCH 6"	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary DRIVE-POINT other		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 817 N 50810 000 000	
REPLACEMENT OR DEEPEENED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 52		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER PERMIT No. HO-95-1394 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED Drill Well Per SP-06-07, Radium Sample			

Well Permit No. HO - 95-1394
Location of property (road) Basslers Way
Subdivision Walnut Creek Lot 14 Block Plat Sec. 1
Well Driller Ralph Mayne Owner Bassler

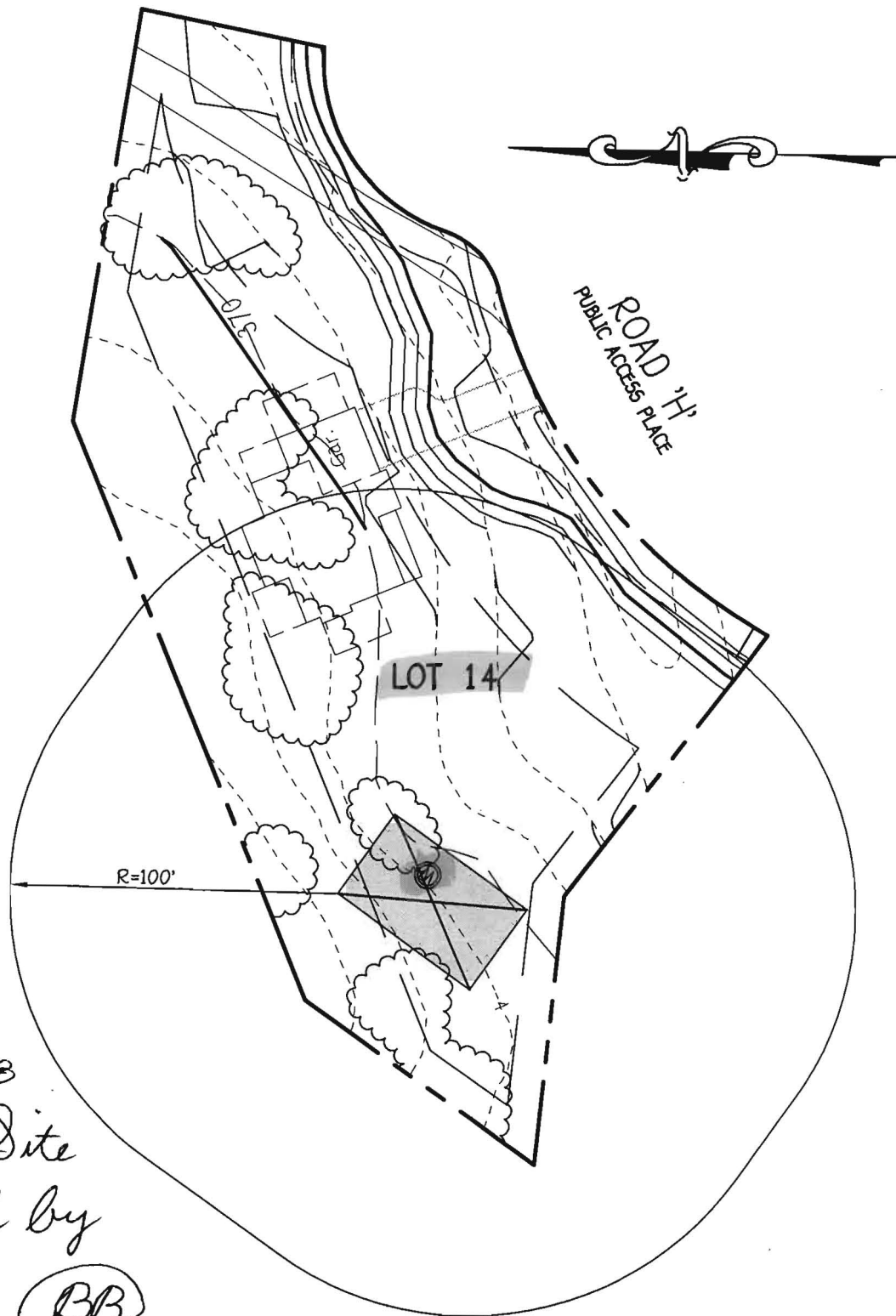
Depth of well 390

Distance of measuring point (M.P.) above ground 24

Static water level (S.W.L.) below M.P. 15m

Time pump started 9:30 Pumping rate 10 GPM
Total time 15 min to reach pumping water level 45 ft. below M.P.

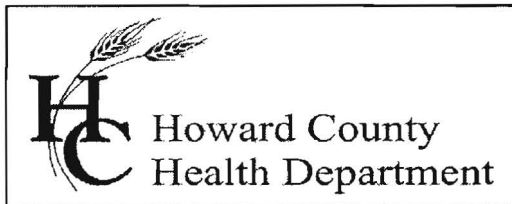
[illegible]



1/14/08
Well Site
Staked by
↓ (BB)

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
(410) 461 - 2855

WELL LOCATION PLAN
LOT 14
ZONED RC-DEO & RR-DEO
TAX MAP No. 28 GRID No. 4, 5, 10-12, 17 & 18
PARCEL No. 49
FIFTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE 1"=50' DATE: FEBRUARY 26, 2007



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-6300 | Fax: 410-313-6303
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

INTERIM CERTIFICATE OF POTABILITY
PERMANENT DEVIATION FOR RADIUM

Expiration Date – December 3, 2016

June 3, 2016

Homeowner
12213 Basslers Way
Ellicott City, MD 21042

RE: Walnut Creek, Lot 14
12213 Basslers Way
Building Permit: B14004293
Well Permit: HO-95-1394

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **4/20/2016**. Final approval of the well line connection to the dwelling was granted on **7/30/2015**. The well construction was completed on **3/14/2008**. Water samples were collected on **4/26/2016**.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking.

Gross Alpha and Beta samples were collected on **3/17/2008**. Results showed a Gross Alpha level of **22.8 ± 3.0 pCi/L** and Gross Beta level of **7.1 ± 2.0 pCi/L**. **This exceeds the maximum contaminant limit (MCL) of 15 pCi/L and/or 50 pCi/L, respectively.**

After installation of a radionuclide removal device (Reverse Osmosis), post-treatment water samples were collected on **5/11/2016** and indicated a Gross Alpha level of **13.1 ± 0.0 pCi/L**, a Gross Beta level of **19.0 ± 0.0 pCi/L**, and a combined Radium 226/228 level of **1.2 ± 0.0 pCi/L**.

This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the radionuclide removal system effectively maintains a Gross Alpha level of less than **15 pCi/L**, a Gross Beta level of less than **50 pCi/L**, and a Radium 226/228 level of less than **5 pCi/L**.

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.

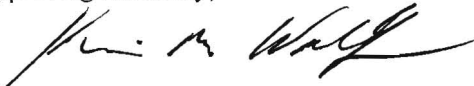
2. It is recommended that a Maryland certified water laboratory certified for radionuclide analysis perform a yearly radionuclide analysis.
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this permanent deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04.12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-1394. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

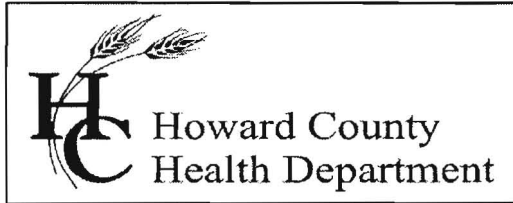
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,



Kevin M Wolf, L.E.H.S., REHS/R.S., Supervisor.
Groundwater Management Section
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045
Main: 410-313-1771 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

TEMPORARY INTERIM CERTIFICATE OF POTABILITY **TEMPORARY DEVIATION FOR RADIUM**

Expiration Date – JUNE 27, 2016

May 13, 2016

Trinity Quality Homes, Inc.
12213 Basslers Way
Ellicott City, MD 21042

RE: Walnut Creek, Lot 14
12213 Basslers Way
Building Permit: B14004293
Well Permit: HO-95-1394

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **4/20/2016**. Final approval of the well line connection to the dwelling was granted on **7/30/2015**. The well construction was completed on **3/14/2008**. Water samples were collected on **4/26/2016**.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking.

Gross Alpha and Beta samples were collected on **3/17/2008**. Results showed a Gross Alpha level of **22.8 ± 3.0 pCi/L** and Gross Beta level of **7.1 ± 2.0 pCi/L**. **This exceeds the maximum contaminant limit (MCL) of 15 pCi/L and/or 50 pCi/L, respectively.**

This is a **temporary deviation** to allow additional time for installation of a radionuclide removal system and/or submission of water sample results indicating that the treated water meets EPA recommendations.

This Department will grant a **temporary deviation** to the Interim Certificate of Potability on condition that water sample results for pre- and post-treatment short term and long term gross alpha/beta and radium 226/228 are submitted to this Department **within 45 days**. Those results must indicate that the radionuclide removal system is effectively maintaining a Gross Alpha level of less than **15 pCi/L**, a Gross Beta level of less than **50 pCi/L**, and a Radium 226/228 level of less than **5 pCi/L**.

Furthermore, it will be necessary for you to comply with the following conditions:

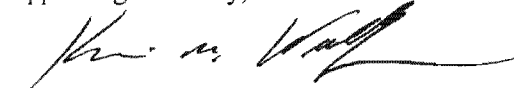
1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. It is recommended that a Maryland certified water laboratory certified for radionuclide analysis perform a yearly radionuclide analysis.
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04.12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**

This Temporary Interim Certificate of Potability will expire 45 days from the date of issuance. **Failure to submit the required radium sample results and obtain an Interim Certificate of Potability before the expiration date will result in a Notice of Violation and is punishable as a misdemeanor under the *Annotated Code of Maryland, Environment Article, 9-1311*, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a water sample appointment or contact a Maryland certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:

<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,



Kevin M Wolf, L.E.H.S., Supervisor
Groundwater Management Section
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

May 12, 2008

Heritage Realty & Land Development
15950 North Avenue
P.O. Box 482
Lisbon, Maryland 21765

RE: Walnut Creek, Lot #14
Basslers Way
Well Tag: HO - 95 - 1394

To Whom It May Concern:

A sample was collected from a yield test on March 17, 2008 and submitted to GPL Laboratories Inc., to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. These naturally occurring radioactive nuclides have been demonstrated to be present in a certain type of geologic formation known as the Baltimore Gneiss which exists in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of 22.8 ± 3.0 picocuries/liter (pCi/L); while the **Gross Beta** level was 7.1 ± 2.0 pCi/L. The **Gross Alpha** result was above its maximum contaminant level (MCL) of 15 pCi/L, while the **Gross Beta** level was below its targeted value of 50 pCi/L (roughly equivalent to the annual dose rate of 4 millirems/year).

Since the **Gross Alpha** finding exceeded its MCL, additional testing for **Gross Alpha**, **Gross Beta** and **Radium** will be necessary prior to occupancy to verify existing levels. Alternatively, you may install treatment designed to reduce **Gross Alpha**, **Gross Beta** and **Radium**, plus provide post treated results (for all 3 parameters) confirming that levels are in conformance with existing standards. These tests are in addition to the standard parameters required for Use & Occupancy.

Additionally, if treatment is installed, the owners will be required to sign an "AGREEMENT FOR APPROVAL OF AN INDIVIDUAL DRINKING WELL WITH AN ON-SITE TREATMENT SYSTEM" as part of the Use and Occupancy process.

A copy of the test results is enclosed for your information. Please call this office at 410-313-1773 if you have any further questions or to discuss additional testing requirements.

Sincerely,

Bert Nixon, Director
Bureau of Environmental Health

cc: Barry Glotfelty, MDE Water Mgmt.
✓ Well & Septic property file

Bert Nixon

John M. DeBoy, Dr. P.H., Director

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: 110-95-1394 No. B: _____ Field Blank Bottle No. A: _____ No. B: _____

Plant/Site Name: Walnut Creek Lot 14 County: Howard

Sample Source: Bar 1+5' Way Location: H0-95-1394
(well no., lab sink, sample tap, etc.)

[illegible]

Drinking Water	<input checked="" type="checkbox"/>
Landfill	<input type="checkbox"/>
Stream	<input type="checkbox"/>
Other	<input type="checkbox"/>

Community	<input type="checkbox"/>
Non-community	<input type="checkbox"/>
Private	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

Source (raw water)	<input checked="" type="checkbox"/>
Distribution (treated)	<input type="checkbox"/>
MCL	<input type="checkbox"/>

Emergency	
Routine	<input checked="" type="checkbox"/>
Recheck	
Special	

Collector: K. Wolf

Telephone No: 410-313-2645

Date Collected: 3 / 17 / 08

Time Collected: 9:30 a.m. _____ p.m.

Nitric Acid Preserved: Yes ☒ No ☐

Iced: Yes ☐ No ☒

Submitters Code: ☐ ☐ Federal Project: ☐ Field Data:

pH Chlorine

Remarks: Sample collected @ F.M.D.

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	803104-001-001-1/1	22.8	4-2-08
✓	Gross Beta	4100	803104-001-001-1/1	7.10	4-2-08
	Radon-222 Bottle A	4004			
	Radon-222 Bottle B	4004			
	Field Blank A	4004			
	Field Blank B	4004			
	Tritium				
	Ra - 226	4020			
	Ra - 228	4030			
	Total Uranium	4006			

Date Received: 4 / 02 / 08

Supervisor: Rhonda J. Wehner

FORM REVISED 02/08
DHMH 4540 02/06

* Tel. No.: (410) 767-5537

• Fax. No.: (410) 333-5373

ORIGINAL - LABORATORY

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 106940 Account #: 4035
Reference: Trinity Quality Homes, Inc. Company: Trinity Quality Homes, Inc.
Location: 12213 Basslers Way Requested By: Michael Pfau
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 4/26/2016 1255 Site: Kitchen Sink Tap
Date/Time Rec'd: 4/26/2016 1445 Treatment: Softener
Chlorine ppm: Free: ND Total: ND pH: 7.3
Collected By: J.M. Robbins 5606JR Well #: HO-95-1394

* Confirmed w/ lab
was Post Treated
sample.

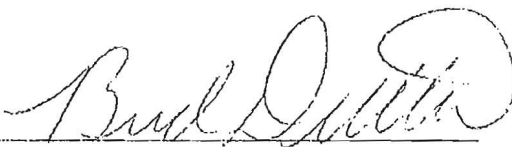
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Gross Alpha, Short Term	15.5	pCi/L	15	900.0	4/29/2016 / 0631 / MJN
Gross Beta, Short Term	10.4	pCi/L	50	900.0	4/29/2016 / 0631 / MJN
Gross Alpha, Long Term	16.1	pCi/L	15	900.0	5/6/2016 / 0635 / MJN
Gross Beta, Long Term	10.7	pCi/L	50	900.0	5/6/2016 / 0635 / MJN
Radium-226	6.7	pCi/L	****	903.1	5/5/2016 / 1104 / MJN
Radium-228	1.6	pCi/L	****	Ra-05	5/5/2016 / 1230 / SN

NOTES

- ****Radium 226 and Radium 228 combined have a reference of 5 pCi/L
 - Long Term Gross Alpha Detection Limit: 2.0 pCi/L; Long Term Gross Beta Detection Limit: 2.0 pCi/L
 - pCi/L = picocuries per liter
 - Radium 226 Detection Limit: 0.1 pCi/L; Radium 228 Detection Limit: 0.8 pCi/L
 - Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
 - Short Term Gross Alpha Detection Limit: 1.7 pCi/L; Short Term Gross Beta Detection Limit: 2.4 pCi/L
 - Sub-contracted to Reference Lab #278
 - ND:None Detected
 - Visual well check: Sealed, vented cap
 - pH & Chlorine level tested on site
- Reason for Test : Use & Occupancy
Building Permit # : B14004293

Date Reported: 5/10/2016

Reviewed By:



MD State Certification # 133

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 107282 Account #: 4035
Reference: Trinity Quality Homes, Inc. Company: Trinity Quality Homes, Inc.
Location: 12213 Basslers Way Requested By: Michael Pfau
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 5/11/2016 1315 Site: Kitchen Sink Tap
Date/Time Rec'd: 5/11/2016 1440 Treatment: Softener/Sediment Filter
Chlorine ppm: Free: ND Total: ND pH: 7.5
Collected By: R. Ott 4269RO Well #: HO-95-1394

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Gross Alpha, Long Term	13.1	pCi/L	15	900.0	5/20/2016 / 0622 / MJN
Gross Beta, Long Term	4.7	pCi/L	50	900.0	5/20/2016 / 0622 / MJN
Gross Alpha, Short Term	19.0	pCi/L	15	900.0	5/15/2016 / 0941 / MJN
Gross Beta, Short Term	4.3	pCi/L	50	900.0	5/15/2016 / 0941 / MJN
Radium-226	0.5	pCi/L	****	903.1	5/19/2016 / 1058 / MJN
Radium-228	<0.7	pCi/L	****	Ra-05	5/18/2016 / 1413 / SN

NOTES

- 1 ****Radium 226 and Radium 228 combined have a reference of 5 pCi/L
- 2 Long Term Gross Alpha Detection Limit: 2.0 pCi/L; Long Term Gross Beta Detection Limit: 2.0 pCi/L
- 3 pCi/L = picocuries per liter
- 4 Radium 226 Detection Limit: 0.1 pCi/L; Radium 228 Detection Limit: 0.7 pCi/L
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 Short Term Gross Alpha Detection Limit: 1.5 pCi/L; Short Term Gross Beta Detection Limit: 2.3 pCi/L
- 7 Sub-contracted to Reference Lab #278
- 8 ND:None Detected
- 9 Visual well check: Sealed, vented cap
- 10 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B14004293

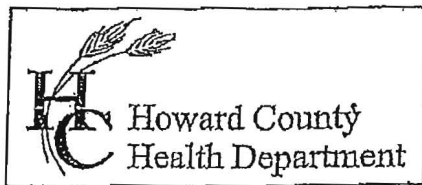
Date Reported: 5/23/2016

Reviewed By:



MD State Certification # 133

000111



Bureau of Environmental Health
7178 Columbia Gateway Drive Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

MAJRA ROSSMAN
Peter L. Bellenson, M.D., M.P.H., Health Officer

**AGREEMENT FOR APPROVAL OF AN INDIVIDUAL DRINKING WELL WITH AN
ON-SITE TREATMENT SYSTEM**

This agreement is entered into by and between the Howard County Health Department ("the Health Department") and *Beenish Phatia* ("the Owner").
+ Sruthi Katty Gurrala

WHEREAS, the Owner owns a tract of land at street address *12213 Busslers Way*
Clarksville, MD 21031 and the deed and subdivision plat of the property is recorded among the
Land Records of Howard County, Maryland, Tax Map # *028*, Block # *049*, Parcel # *049*, LOT *14*
Deed Reference # _____ and Tax Account # *05-454395* ("the Property").

WHEREAS, the Property lacks an available public drinking water source and is required
to have an individual well as the source of drinking water for the residence of the property.

WHEREAS, the Owner has installed a residential drinking well under well permit
HO-95-1394 that has been tested by the Health Department (or a private laboratory certified
to perform testing) for radionuclide particles. The results of the tests have shown that the gross
alpha particle content and/or the gross beta particle content and/or the combined radium 226/228
levels exceeds the standards of 15 picocuries per liter (pCi/L), 4 millirems per year (mrem/yr)
and/or 5 pCi/L respectively.

WHEREAS, The Maryland Department of the Environment (MDE) has promulgated
rules and regulations under which a Certificate of Potability may be issued and has delegated the
authority to issue such Certificate to the Health Department.

WHEREAS, MDE regulations permit the Health Department to issue as a special
condition, a permanent deviation to the Certificate of Potability for individual wells where
treatment has been installed to meet the maximum contaminate levels (MCL's) for radionuclides.

WHEREAS, MDE has determined that radium can be effectively removed from the
drinking water by the use of treatment devices (e.g., ion exchange or reverse osmosis).

WHEREAS, the Owner is requesting that the Health Department issue a Certificate of
Potability contingent upon installation and maintenance of a water treatment device to reduce
radionuclides.

WHEREAS, neither the Owner nor the Health Department has knowledge of an
alternative safe source of water for the Property.

1. The Owner will record this Agreement among the Land Records of Howard County, Maryland and provide confirmation to the Health Dept.
2. The Owner agrees to install and maintain a water treatment device, which effectively reduces the gross alpha, gross beta and radium levels to below their respective MCL. The Health Department shall verify that the treatment device is operating effectively and the Owner agrees to allow access to the Health Department to collect a follow-up sample(s).
3. The Health Department shall issue a Certificate of Potability for the well once follow-up sampling shows acceptable gross alpha, gross beta (short and long term) and radium 226 / 228 levels.
4. The Owner agrees that there shall be no liability on part of the Health Department for any immediate or long term impacts to health or property, under any circumstance or including, but not limited to, treatment device failure, improper maintenance or installation, or defect. The Health Department does not warrant nor guarantee that the device will adequately or properly function and the Owner agrees to implement and pay for any necessary changes or corrections.
5. The Owner acknowledges and agrees that neither the Health Department nor any of its agents or employees, either officially or individually, underwrites the operation of any system or treatment device.
6. This Agreement shall not be construed to limit any authority of the Health Department to protect the public health, safety or enjoyment of property or to issue any other orders to take any other action, which is now or may hereafter be within its authority.
7. This agreement contains the entire agreement and understanding between the Health Department and the Owner. There are no additional terms other than as contained in this Agreement. This Agreement may not be modified except in writing signed by each of the parties or their authorized representatives.
8. The Agreement shall run with the land and binds the Owner, his heirs, successors, and assigns. The owner agrees to provide a copy of this agreement to any purchaser or lessee of the property.
9. The laws of the State of Maryland govern the provisions of all transactions.

The parties have signed and sealed this Agreement on the dates set forth below.

10/29/14
Date

10/29/14
Date

Date

[Signature]
Witness
[Signature]
Witness

[Signature] BEENISH BHATIA
Owner
[Signature] SRUTHI REDDY GURRALA
Owner
[Signature] 10/30/2014
Howard County Health Department

RECEIVED
10-30-14
10:30 AM
HOWARD COUNTY HEALTH DEPARTMENT
10000 WOODBURN AVE
CROFTON, MD 21114
TEL: 410-326-7000
FAX: 410-326-7001
WWW.HOWARDCOUNTYMD.GOV

WCR 14

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-1554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	106939	Account #:	4035
Reference:	Trinity Quality Homes, Inc.	Company:	Trinity Quality Homes, Inc.
Location:	12213 Basslers Way	Requested By:	Michael Pfau
	Clarksville, MD 21029	Source:	Well Water
Date/Time Collected:	4/26/2016 1305	Site:	Pressure Tank
Date/Time Rec'd:	4/26/2016 1445	Treatment:	Prior to Softener
Chlorine ppm:	Free: ND Total: ND	pH:	7.4
Collected By:	J.M. Robbins 5606JR	Well #:	HO-95-1394


PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/27/2016 / 1000 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	4/27/2016 / 1000 / LLO
Nitrate	1.21	mg/L	10	601	4/27/2016 / 1230 / CRS
Turbidity	1.13	NTU	<10	SM18 2130B	4/27/2016 / 1310 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	4/27/2016 / 1310 / CRS

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L.)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND: None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
 Building Permit # : B14004293

Date Reported: 4/27/2016

Reviewed By: 

MD State Certification # 133

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: _____ Telephone #: _____
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

***A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag # : HO - ____ - ____
Site Address: _____

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model #: _____
Depth: _____ (36" min)
NSF/WSC approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____
Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: _____ (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing _____

Piping to house

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and sealed properly: _____

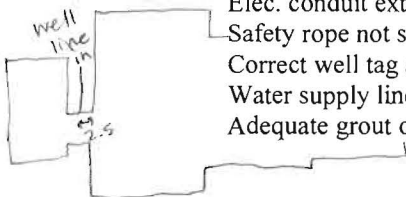
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date _____

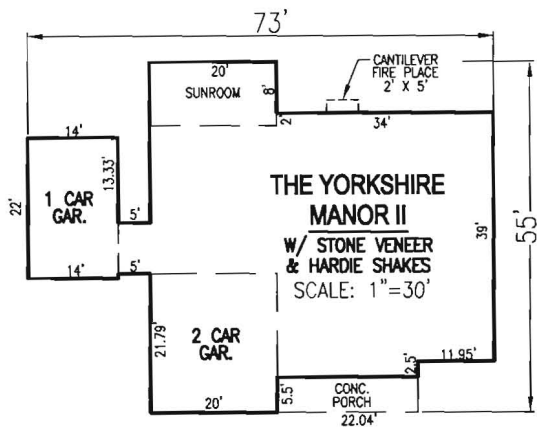
For Health Department Use Only – Not to be completed by Installer

Date Insp. Requested: 7/30/15 Date Insp. Approved: 7/30/15 Inspector: SC

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ☒
Two piece cap installed and attached to casing securely ☒
Elec. conduit extends at least 18" below grade/attached to cap properly ☒
Safety rope not seen outside of well cap/casing ☒
Correct well tag attached properly and casing 8" above finished grade ☒
Water supply line sleeved adequately at house connection ☒
Adequate grout observed below pitless adapter ☒



THE EXISTING WELL SHOWN ON LOT 14
TAG NO. 95-1394 HAS BEEN FIELD LOCATED
BY FISHER, COLLINS, & CARTER, INC.,
AND IS ACCURATELY SHOWN.
BUILDING OF LOT 14 FLOOR AREAS:
BASEMENT FLOOR AREA: _____
FIRST FLOOR AREA: _____
SECOND FLOOR AREA: _____
BEDROOMS: _____
NOTE: STORMWATER MANAGEMENT (WQv AND CPv) IS
PROVIDED BY EXTENDED DETENTION FACILITY, ONE
RAIN GARDEN, ROADWAY GRASS CHANNELS, AND
ON-LOT LEVEL SPREADERS (F-07-076). LOT 14
ALSO UTILIZES NON-ROOFTOP DISCONNECTS (N-2).
BUILDING PERMIT NO. _____



SCALE: AS SHOWN
DRAWN BY: JMR/KG
CHECKED BY: RHV
DATE: 12/ OCTOBER 2015
PROJECT #: 13-21
SHEET #: 1 OF 1

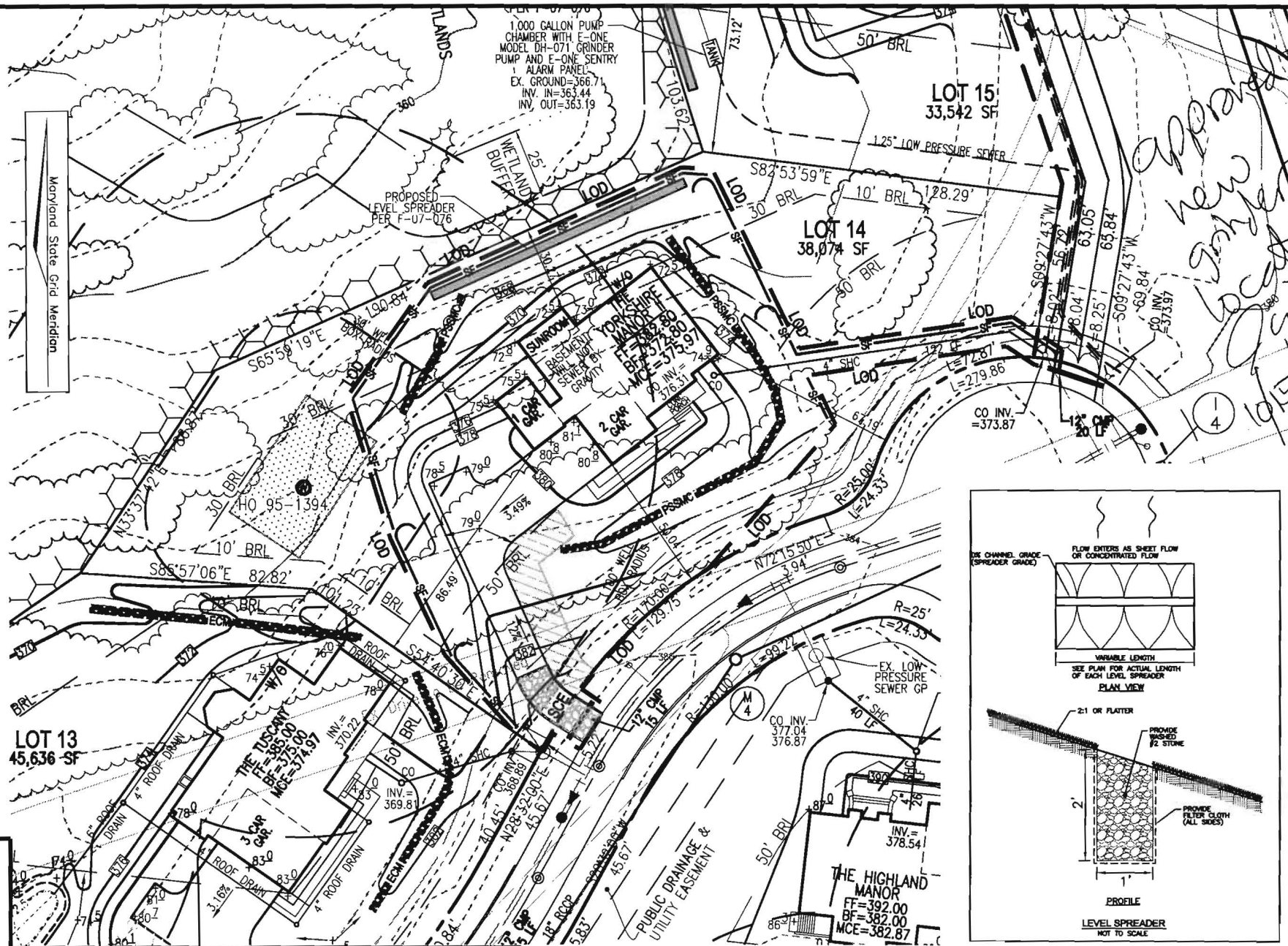
PLOT PLAN
WALNUT CREEK
LOT 14
REF: F-07-076
TAX MAP 28 PARCEL 49
BLOCK 11
5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

ROBERT H. VOGEL ENGINEERING, INC.
ENGINEERS • SURVEYORS • PLANNERS
8407 MAIN STREET
ELLCOTT CITY, MD 21043
TEL: 410.461.7666
FAX: 410.461.8961

SCALE
1"=50'
NON-ROOFTOP
DISCONNECT (N-2)

OWNER
TRINITY QUALITY HOMES, INC.
3675 PARK AVENUE, SUITE 301
ELLCOTT CITY, MARYLAND 21043
(410) 480-0023

ADDRESS
12213 BASSLERS WAY
ELLCOTT CITY, MD 21042
GP: 13-038



HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Do-It Plumbing Hsty. LLC Telephone #: 2408820669

Address: 9955 Old Mill Rd
RL Md 21042

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): Diane Gilbert License# 21899

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: TBE Telephone #: 410-450-0023
Subdivision: Walnut Creek Lot #: 14 Well Tag #: HO-95-1294
Site Address: 12213 Basslers Way
Clarksville Md 21029

Submersible Pump Data

Make: Mylar
Model #: 25T-12 Plus-A-2
Pump Capacity 10 GPM
Well Yield: 10 GPM

Pitless Adapter

Make: American Grout
Model #: PT800 LC
Depth: 1/2" (36" min)
NSF/WSC approved: YES

Well Cap and Electric Conduit

Two piece watertight cap: YES
Screened, vented well cap: YES
Cap secured to casing: YES
Conduit min 18" B.G.: YES
Depth of well encountered at time of pump installation: 340 (feet) Conduit secured to well cap: YES

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors Cable guards, or other acceptable method used— Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing NO

Piping to house

Type: Plastic 1/2" Poly
PSI: 1/2" (160 psi min)
Depth of supply line: 1/2" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: YES
Length of sleeve (5' minimum from foundation): 10' 0"
Sleeve sealed properly: YES

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

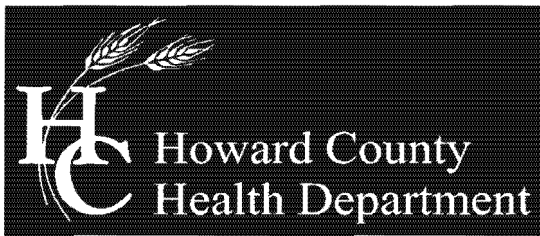
Signature of company representative responsible for installation

Apr 1 - 2016
date

For Health Department Use Only – Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: _____ Inspector: _____

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade _____
Two piece cap installed and attached to casing securely _____
Elec. conduit extends at least 18" below grade/attached to cap properly _____
Safety rope not outside of well cap/casing _____
Correct well tag attached properly and casing 8" above finished grade _____
Water supply line sleeved adequately at house connection _____
Adequate grout observed below pitless adapter _____



Bureau of Environmental Health

8930 Stanford Blvd, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org

Maura J. Rossman, M.D., Health Officer

July 29, 2015

MEMORANDUM

TO: Trinity Quality Homes
Sent to sherry@trinityhomes.com and jrosewag@trinityhomes.com on 7/29/15

FROM: Sarah Collins SEC
Environmental Health Specialist
Howard County Health Department

RE: Sewer house connection at Walnut Creek Lot 14

On July 28, 2015, I made a site visit to Walnut Creek Lot 14 to inspect a sewer house connection. The house connection was different than that shown on the site plan signed 12/22/2014. Additionally, South Carroll confirmed that the sewer connection to the grinder pit would not achieve 1% fall with the house connection in the current location. South Carroll did not complete the installation.

In order to proceed with the sewer house connection at Walnut Creek Lot 14, Trinity Homes will need to submit a revised site plan. The site plan must include a house connection that matches what is installed and elevations of inverts at the house and grinder pump. The permit is on hold until the Health Department receives and approves these revisions.

Cc: Rob Vogel (rvogel@vogeleng.com)
File